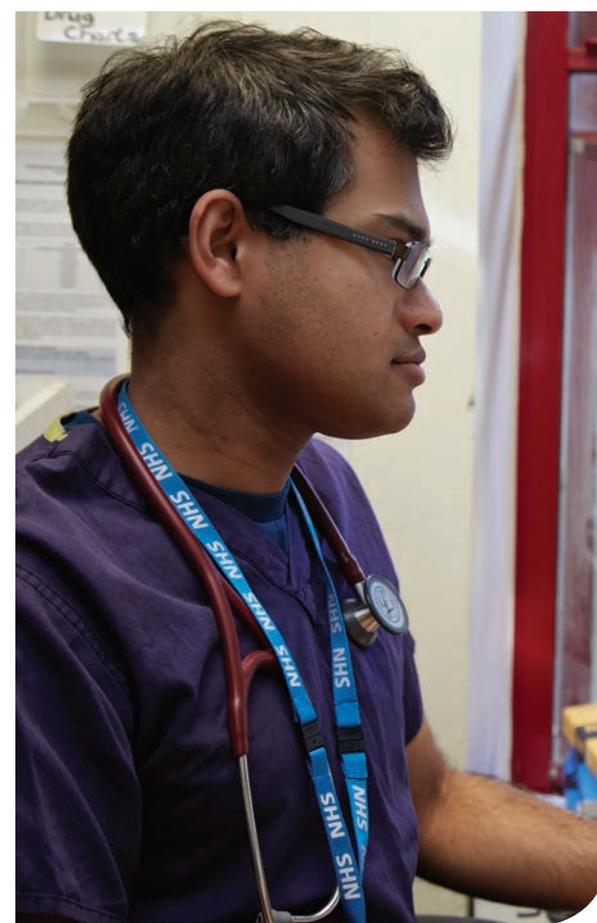


YOUR NHS

Working together to shape
Dorset's Health

The future of healthcare in Dorset



Are you entitled to a FREE flu jab?

1 The need to change

- 1 The need to change
- 2 The decisions
- 3 What this means
- 4 Care closer to home
- 5 Maternity and paediatrics
- 6 Acute care
- 7 Cancer network
- 8 Mental health
- 9 Travel
- 10 Workforce
- 11 Stay in touch

In October 2014, the Clinical Services Review was launched to consider how health and care organisations in Dorset could work better in the face of a number of significant challenges.

Services are already under pressure and an expected increase in population will see over 800,000 people living in the county by 2023. People are living longer than when the NHS was set up nearly 70 years ago, and with an increase in the number of older people living in the county we are seeing more people living with long term conditions, for example diabetes or heart disease.

In Dorset whilst local services are good overall, there are unacceptable differences in the quality of care provided. We want everyone who lives in the county to have access to the same high level of care, no matter where they live or what time of day they need it.

In order to provide these high levels of care we need more staff. There are currently more than 30,000 people working in Dorset's health and social care system, but we have difficulties staffing some services due to national shortages. This includes GPs, mental health nurses and emergency consultants. We need to make the best use of the excellent staff we currently have and allow them work smarter for the benefit of patients.

Changing how care is delivered will also help us meet the financial demands we face. Whilst funding for the NHS is increasing, it is not doing so at the same rate as the cost of providing care. This means that by 2023 we will face a funding gap of around £158m a year if we don't take action.

After hundreds of hours of work and a public consultation which saw over 18,500 responses, earlier this month the Governing Body of NHS Dorset Clinical Commissioning Group agreed an investment of around £150m into local healthcare and made decisions that will see changes to how some services are delivered locally. We have put this supplement together to explain these changes and what they mean for you as a resident of the county.

We recognise that not everyone will agree with our decisions, with some people being concerned that we are making the changes in order to privatise services. This is not the case. As detailed above the NHS faces huge challenges and doing nothing is not an option. Things will not change overnight; we anticipate they will take around five years. During this time, we will continue to work closely with our partners to ensure regular updates are available. Details of how to stay informed are available on the back of this supplement.

We want everyone in Dorset to receive the same high quality of care, regardless of where they live or what health conditions they have.

Dr Forbes Watson
Chair – NHS Dorset CCG

2 The decisions

At a special meeting of the Governing Body of NHS Dorset CCG on 20 September the following decisions were made:

Bringing care closer to home

Community hubs with beds will be commissioned in:

- Sherborne Hospital
 - Blandford Hospital
 - Weymouth Community Hospital
 - Poole – Major Planned site
 - Bournemouth – Major Emergency site
 - Swanage Hospital
 - Wimborne Hospital
 - Bridport Hospital
- Shaftesbury – beds will be maintained while future options for a hub are explored with the local community – possibly at a different site to the existing hospital.

Community hubs without beds will be commissioned in:

- Dorset County Hospital
 - Christchurch – will not affect palliative care beds
 - Portland – possibly at a different site to the existing hospital
 - Wareham – possibly at a different site to the existing hospital
- Services will be maintained at Westhaven Hospital until the community hub in

Weymouth Hospital is established and staff and services have been transferred.

- Alderney and St Leonards Hospitals will not be used as community hubs and services based there would be moved to other locations. This does not affect the mental health and dementia services at Alderney pending the outcome of the dementia services review.

More on community hubs can be found on page 4 of this supplement.

Maternity and paediatrics

In West Dorset, we will seek to commission the delivery of consultant led maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital for the Dorset population.

In East Dorset to invest in new services, sited at the Major Emergency Hospital in Bournemouth.

More on maternity and paediatrics can be found on page 6 of this supplement.

Mental health services

Community Front Rooms will be commissioned in Swanage, Wareham, Shaftesbury or Gillingham West Dorset.

Two Retreats will be created in Dorset.

Recovery beds will be commissioned in both

the east and west of the county.

More on mental health services can be found on page 7 of this supplement.

Acute care

The two main (acute) hospitals in East Dorset will have specialist roles in the future.

A Major Planned Hospital will be developed in Poole.

A Major Emergency Hospital will be developed in Bournemouth.

Dorset County Hospital will be largely unaffected.

More on the roles of specialist hospitals can be found on page 5 of this supplement.

The decisions we have made give us a once in a lifetime opportunity to invest in, and make changes to, services across the county, ensuring they are available for generations to come.

Tim Goodson
Chief Executive –
NHS Dorset CCG

3 What this means

1 More care will be delivered closer to home.

2 An increase in community beds, arranged differently to reflect local demand.

3 Planned care will be delivered from a specialist hospital.

4 Urgent care will be available in all three acute hospitals 24/7.

5 Dorset will see an investment of around £150m into healthcare, including emergency and urgent care, pathology and children's and maternity services.

6 A brand new maternity unit will be developed.

7 Improved services for people experiencing a mental health crisis.

4 Care closer to home

As they get older, people with long-term conditions need help from a variety of sources. Three or four years ago, life was quite difficult in terms of managing some patients. Health teams were separate from social care teams, meaning that nobody talked to each other and there was no collaborative working within the system.

In Weymouth we decided to bring teams together. Health and social care, physical and mental health sit in the same room and work with each other. When they take telephone calls – whoever takes the call then engages the rest of the team to help solve the problem. This way of working allows us to see a greater number of patients, sharing knowledge with other members of the team to be more effective.

Honestly I couldn't go back and wouldn't want to go back to what we had before – I wouldn't accept it.

Dr Karen Kirkham

Local GP and Deputy Clinical Chair – NHS Dorset CCG

Bringing care closer to home

We believe that we can significantly reduce the number of people attending hospital by delivering more care closer to home. This means supporting people in community settings such as their own homes, making more services available in local communities, having health and social care working closely together to support people, better integrating physical and mental health services and developing community hubs across the county.

What is a community hub?

Often care professionals and teams can work independently, which means information on patients may not be shared in an efficient or timely way, possibly leading to delays in receiving care or opportunities missed for interventions. Working as part of a community hub or multi-disciplinary team means that teams collaborate and specialists work together on the same site for the benefit of the patient; they could sit in the same room and share their knowledge to help solve problems or streamline the care that people receive. It also means that a greater number of patients could be seen, making waiting times shorter.

Christchurch Health Hub

Christchurch Health Hub is made up of Christchurch Hospital, (which includes x-ray, blood and therapy services), a doctors' surgery, pharmacy, care home and assisted living accommodation. Together, these services provide the

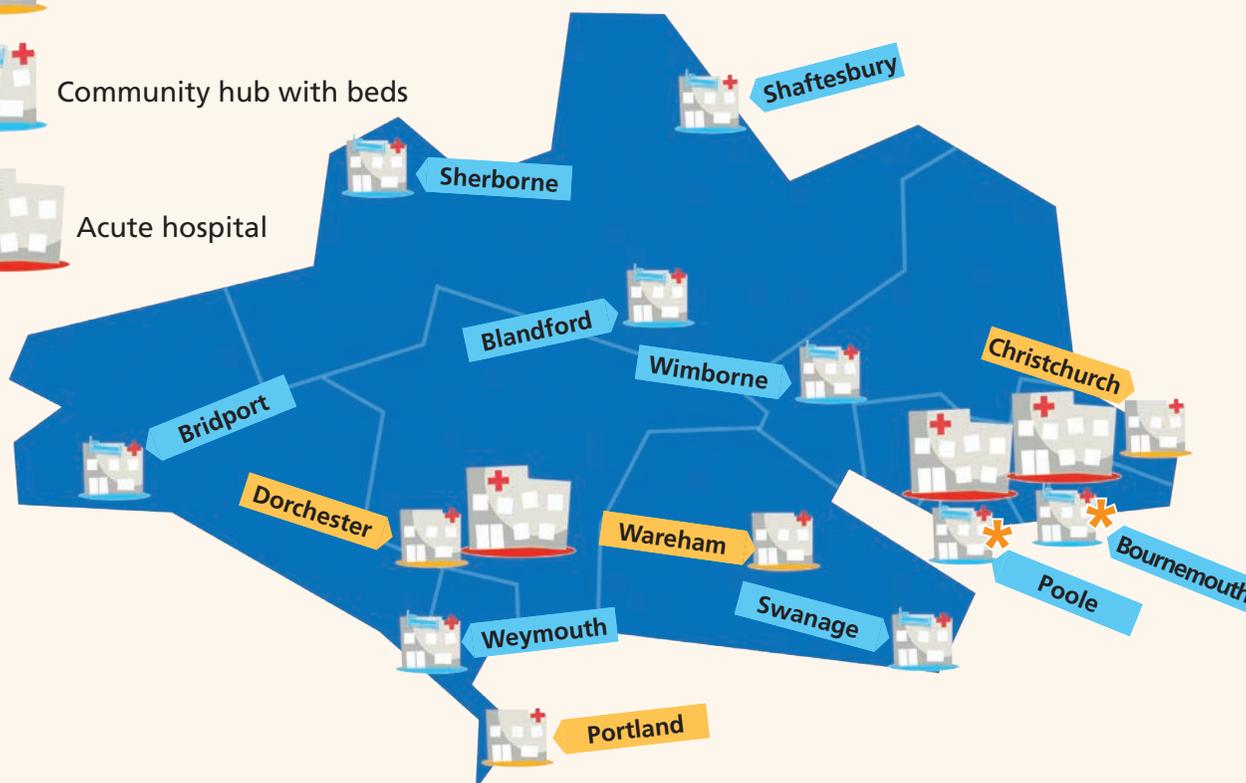
Christchurch community with all their non-acute care needs, saving them the journey into Royal Bournemouth Hospital or Poole Hospital.

Having the health hub within the locality of Christchurch provides a convenient means of accessing healthcare in a friendly and familiar environment. It's easy to get to via public transport and allows healthcare professionals to support their patients outside of an inpatient facility, which is better for patients' independence and overall health.

 Community hub without beds

 Community hub with beds

 Acute hospital



* Major Planned site and the Major Emergency site, both with community beds

Patient benefits – what this would mean for local people

MORE access to urgent and routine care for more hours of the day so that you can be seen more quickly and at a time that is convenient to you, with a range of services available 12 hours a day, seven days a week.

MORE support when you experience an urgent health or social care need, with rapid access to more care provided at home and at the community hubs with beds. We expect this to reduce unplanned acute hospital admissions growing by 25%.

MORE information and support so that you can take better control of your own health. We predict this would mean that 10% fewer people would need to attend an outpatient appointment and that there'll be a 25% reduction in follow-up appointments.

MORE rapid discharges back to your home after a stay in an acute hospital or community hub because of much closer working with social care.

LESS need for you to travel to an acute hospital for care. We expect that more outpatient appointments and same-day treatments, the majority of phlebotomy and anticoagulation services and most therapy services would be provided in a community setting rather than in an acute hospital.

LESS time for you to wait for appointments, x-rays, diagnostic tests and results because they will be available locally at community hubs.

FEWER health complications and poor outcomes for people with long-term conditions and frail older people because of the support available locally from a mixed team of health and care professionals.

LESS need for you to have to repeat your health history to different staff because they would all have access to same patient information. This will reduce the possibility of there being errors with your care. You would also be able to access your own health records.

5 Maternity and paediatrics

Following the launch of the Clinical Services Review in October 2014, the Royal College of Paediatrics and Child Health (RCPCH) were invited in August 2015 to conduct an evaluation and options appraisal of maternity and children's services across Dorset. The review made a number of recommendations and suggested changes were considered in the final proposals on which views were sought in late 2016 /early 2017.

Sometimes there are problems in childbirth for mothers and/or babies. Children and young people must also be able to access expert care quickly. By delivering consultant-led maternity and paediatric services from the Major Emergency Hospital in Bournemouth, parents will be able to access purpose built facilities which will see a large investment. Highly skilled on-site care will be available for babies and parents 24 hours a day, seven days a week.

In the west of the county we will seek to commission the delivery of consultant-led maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital for the Dorset population. This means that over the

coming months, both hospitals will consider how this could work to offer the best for local families, with any plans being subject to further public consultation by both Dorset and Somerset CCGs.



We listened carefully to the feedback we received and I am confident that these decisions will lead to improved services for parents that are sustainable for the future.

Dr Karen Kirkham
Local GP and Deputy Clinical Chair –
NHS Dorset CCG



6 Acute care

The changes agreed will see specialist roles for the hospitals in East Dorset.

Poole will become a Major Planned Hospital allowing for continuous delivery of treatment away from the disruption that emergency care can bring. This would mean fewer delays and cancellations for patients who will benefit from the excellent transport links the town provides.

A&E OR URGENT CARE CENTRE



If you were in need of life threatening A&E services, under the new proposals there would be consultant-led services available to treat you 24/7 at the Major Emergency Hospital in Bournemouth:

- Loss of consciousness
- Serious confused state and fits that are not stopping
- Persistent, severe chest pain
- Breathing difficulties
- Severe bleeding that cannot be stopped
- Severe allergic reactions
- Serious accidents



If you were in need of non-life threatening urgent care, under the new proposals there would be GP-led services with consultant input available to treat you 24/7 at the Urgent Care Centre in Poole:

- Sprains and strains
- Broken bones
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Other minor injuries

Bournemouth will become a Major Emergency Hospital with more consultants being available more of the time who specialise in urgent and emergency care. National evidence shows that more lives are saved when people are treated in centres where staff are able to specialise on the treatment they give.

Dorset County Hospital will remain largely unchanged, delivering planned and emergency care with a 24/7 A&E.

We recognise that emergency care is a concern for some people and would like to confirm that urgent care will be available at the **Major Planned Hospital** 24 hours a day, seven days a week. This will see the majority of the type of cases that are seen there already.

At the moment a lot of patients have to travel between the two sites to get appropriate care. By establishing one big emergency care hospital that internal hospital transport should be reduced. The important thing for patients is that they get the right care at the right time and the right site. Royal Bournemouth Hospital already takes the county's referrals for stroke care, cardiology and vascular surgery, with Poole taking referrals for trauma, paediatrics and obstetrics. It seems logical to put these together on one major acute emergency site.

Dr John Ward
Clinical Director and Consultant Anaesthetist
Clinical Chair for Theatres and Anaesthetic –
Royal Bournemouth Hospital NHS Foundation Trust

7 Cancer network

Currently services for people who have or are suspected to have cancer are provided across three acute hospitals in Dorset. These services include a variety of outpatient, surgical and diagnostic services that work independently of one another. There is variation in the way symptoms are managed, how quickly patients are able to be treated, time of reconstruction surgery (if required), and follow up, including nurse specialist review.

The future will see one cancer network for surgical and non-surgical cancer services which will work across Dorset to deliver seamless, equitable care, regardless of where people live in the county. There will be a focus on effective prevention, and early

and accurate diagnosis, with patients, carers and their families at the centre of services; supported and enabled to make informed choices, receive convenient local care with access to best specialist treatments.

It is estimated that the implementation of this national strategy could see around 30,000 additional people surviving cancer every year, which equates to 300 lives saved in Dorset per annum.

8 Mental health

The changes agreed will mean the creation and improvement of prevention and crisis support services for people.

Create three Community Front Rooms, which will be developed with local rural communities, will be open Thursday to Sunday from 3pm until 11pm and be staffed by support workers who have experience of mental illness, the voluntary sector, and health professionals.

This is an exciting time for mental health services. These changes mean that people with serious mental illness, who may have struggled to get the right support when they needed it, will have a wider, more flexible choice of how to get help. We strongly believe the new arrangements will be more responsive to their needs. The most important thing is that these are the services people have asked for, and are a real example of how the NHS, its partners and the public can work together.

Dr Nick Kosky
Medical Director – Dorset HealthCare University
NHS Foundation Trust

Create two Retreats, which are places where people can go to get the support and treatment they need seven evenings a week, and will be located in the urban areas of Bournemouth and Dorchester. Retreats will be supported by a mix of clinically qualified staff and people with lived experience of mental illness.

Enhance the Connection (the 24/7 crisis line) with additional support during peak hours. It will provide support to people in need and carers and professionals, and have both clinical and peer support workers to provide support by telephone and other digital methods.

Increase and reconfigure acute inpatient beds, meaning an increase of 16 beds across Dorset: four beds will be added to Forston Clinic near Dorchester and 12 will be added to St Ann's in Poole. The 15 beds at the Linden Unit will also be moved to St Ann's to ensure that beds are located to reflect demand. The Linden Unit will close once these corresponding beds have been opened at St Ann's.

Reconfigure recovery beds. This service is provided in a homelier setting than an inpatient unit and can be used to help stop admissions or support people when they are discharged from hospital before they go home. We are keeping the same number of recovery beds (seven) as at present but three will be in the West and four in the East.

9 Travel

A number of people raised concerns about travel times during the public consultation. We have recently published independent reports on emergency and non-emergency transport, these support the plans and show benefits such as the transfers between hospitals in East Dorset would be reduced.

These are available online at www.dorsetccg.nhs.uk.



I've looked closely at how these plans might affect ambulance services in Dorset and how they might affect patients and I'm confident that the plans will improve emergency care by allowing the ambulance service to take patients safely and quickly to the best hospital where they will receive the best care. We will also reduce transfers of patients between hospitals, instead they should go to the right hospital from the start.

Adrian South
Clinical Director – South West Ambulance
Services NHS Foundation Trust

At present there are around 30,000 people working in health and social care in Dorset.

The way that services are currently organised means that we do not always have the right staff with the right skills available to see patients. Making the changes detailed in this supplement means that staff can work more closely together, sharing skills and knowledge to provide safe, high quality care for future generations.

“ We will be involving all of our staff in the development of new services that will be implemented going forward. The reason for engaging them is so that they are more in control of the future and also involved and heavily engaged in designing exciting roles, different roles that they are going to want to undertake. By doing this we will strengthen our ability to retain staff in the Dorset system.”

Patricia Miller
Chief Executive – Dorset County Hospital
NHS Foundation Trust,
Chair – Dorset Workforce Board

“ No one needs to worry about future employment, we need more staff not less to deliver the future plans for Dorset healthcare. What we need is the best possible staff and more of them.”

Ron Shields
Chief Executive – Dorset HealthCare University
NHS Foundation Trust

“ As a senior clinician specialising in older people’s care, I believe the Dorset Clinical Services Review offers an exciting opportunity for the region’s front-line health and social care staff to work together to design and provide a better service that we know our patients and their families need and deserve.”

Dr Naomi Fox
Consultant Geriatrician and Clinical
Lead, Medicine for the Elderly – Poole
Hospital NHS Foundation Trust

11 Stay in touch

As plans develop regular updates will be made available via our website and social media channels.

www.dorsetvision.nhs.uk



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